

Application # ____

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

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	Owner's Name:	GABRIELA ORTIZ SALDIERNA) Date:	
	Site Address:		Phone:	
	Subdivision:	N/A	Lot: 0	
	Description of Propos	ed Work: New Home Construction	ortotal Job Cost: \$180,000	
	General Contractor Information			
	GABRIELA	ORTIZ SALDIERNA	919-820-6166 Telephone GABRIELAORTIZ123.AZO	
	Building Contractor's	Company Name	Telephone GABRIELAORTIZ123.AZE	
	SIOZ DATA	PAIM LM, HOLLYSPRINGS NC225	540 gmail.com	
0	Address	22 22	Email Address	
own	License #	HEATED SQ FT 2282 GARAGE SC	FT_423	
	Electrical Contractor Information			
	Description of Work NEW CONSTRUCTION Service Size: 220Amps T-Pole: Wes No			
	ME ELECT	Company Name	984-225-9884 Telephone	
		1 March 1920		
	34 JARED Address	dr. Angier, NC 27501	INFOD EIRCTRIQCOMP.com Email Address	
	4.34492	-		
	License #			
	Mechanical/HVAC Contractor Information			
	Description of Work New Construction			
		RPORATION	919-630-1841	
	Mechanical Contracto		Telephone	
	Address	Uleigh DR RAIRIGH NC 27617	Email Address	
	14340		Linaii Address	
	License #	_		
	Plumbing Contractor Information			
	Description of Work	NEW CONSTRUCTION	# Baths 2.5	
	on der	and plumbing	919-632-7536	
	Plumbing Contractor's	s Company Name	Telephone	
	Address	aday Ka, foull DAKS NC 27824	Herraciofiores74 @ gmail	
	33457		Com.	
	License #			
	Insulation Contractor Information			
	- Oune			
	insulation Contractor's	s Company Name & Address	Telephone	

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan. number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
General Contractor Owner Officer/Agent of the Contractor or Owner			
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:			
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.			
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.			
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.			
Has no more than two (2) employees and no subcontractors.			
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.			
Sign w/Title: Date: 11-3-23			